

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11		7					61		
12		j					62		
13	/						63		
14	/						64		
15							65		
16							66		
17		i					67		
18		12					68		
19							69		
20	/						70		
21	/						71		
22	/						72		
23		5					73		
24		5					74		
25		5					75		
26		5					76		
27		5					77		
28		5					78		
29		5					79		
30		5					80		
31		5					81		
32		5					82		
33		5					83		
34	/						84		
35	/						85		
36		(1)					86		
37							87		
38							88		
39							89		
40							90		
41	/						91		
42		O					92		
43		3					93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	80						TOTAL IND.		
TOTAL DEP.	86	←	→	→			TOTAL DEP.	←	→
TOTAL CLAIMS	94	←	→	→			TOTAL CLAIMS	←	→